

OLYMPIC VIEW GOLF CLUB

Junior Membership Application 2025

LAST NAME FIRST NAME

ADDRESS CITY/PROVINCE POSTAL CODE

TELEPHONE BIRTHDATE (mm/dd/yy)

E-MAIL (WILL BE USED FOR TEE TIME CONFIRMATIONS AND GOLF CANADA HANDICAP PROFILE)

PARENT / GUARDIAN CONTACT NAME TELEPHONE EMAIL

PARENT / GUARDIAN CONTACT NAME TELEPHONE EMAIL

Pretax Total: \$600.00 Taxes (GST): \$30.00 Total Dues: \$630.00

CREDIT CARD NUMBER EXPIRY CVV

I HEREBY AUTHORIZE OLYMPIC VIEW GOLF CLUB TO CHARGE THE ABOVE AMOUNT TO THE CREDIT CARD PROVIDED.

SIGNATURE DATE

PAYMENT MUST BE IN FULL. MEMBERSHIPS ARE NON TRANSFERABLE AND NON REFUNDABLE.

FOR OFFICE USE ONLY

MEMBERSHIP NUMBER

START DATE (mm/dd/yy)

EXPIRY DATE (mm/dd/yy)